ATTACHMENT 2.2-A HCFA-PM-91-4 (BPD) Revision: Page 13a OMB NO.: 0938-AUGUST 1991 State: _ Kansas Agency* Citation(s) Groups Covered Optional Groups Other Than the Medically Needy XIX (Continued) Individuals receiving active <u>_X_</u> (5) treatment as inpatients in psychiatric facilities or programs (who are under the age of 21). Inpatient psychiatric services for individuals under age 21 are provided under this plan. (6) Other defined groups (and ages), as specified in

Supplement 1 of ATTACHMENT 2.2-A.

Revisionr	HCFA-PM-91-4 AUGUST 1991 State:	(BPD)	ATTACHMENT 2.2-A Page 14 OMB NO.: 0938-
Agency*	Citation(s)	Groups Covere	
		B. Optional Groups Other The (Continued)	nan the Medically Needy
XIX	1902(a)(10) (h)(ii)(VIII) of the Act	the child has specia rehabilitative care, execution of the agr	tance agreement tle IV-E of the ined by the State not be placed for ical assistance because 1 needs for medical or and who before eement
		a. Was eligible for State's approved	Medicaid under the Medicaid plan; or
		if the standards the title IV-E for	eligible for Medicaid and methodologies of oster care program were nan the AFDC standards
		The State covers ind of X 21 20 19 18	ividuals under the age

TN No. MS-91-41
Supersedes Approval Date CAN A 1 1-3A

Effective Date OCT 0 1 1931
TN No. MS-86-41

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REATSTON:	AUGUST 1991 State:	Kansas	Page 14a OMB No.: 0938-
Agency*	Citation (s)	Groups Covere	ed.
		B. Optional Groups Other The (Continued)	nan the Medically Needy
**	42 CFR 435.223	9. Individuals describe eligible for AFDC if State's AFDC plan we under title IV-A:	
	1902(a)(10) (A)(ii) and 1905(a) of the Act	Individuals under 21 20 19 18 Caretaker relative Pregnant women	-

**Provision not applicable to State

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Supersedes Approval Date IAN 2.7 1092	Effective Date
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Revision:	HCFA-PM-91-4 AUGUST 1991	(B	PD)	ATTACHMENT 2.2-A Page 15 OMB NO.: 0938-
·	State:	Ka	nsas	Ond No. 1 0730-
Agency*	Citation(s)			Groups Covered
		В.	Option (Conti	al Groups Other Than the Medically Needy
**	42 CFR 435.230		10.	States using SSI criteria with agreements under sections 1616 and 1634 of the Act.
				The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is
	•		a.	Based on need and paid in cash on a regular basis.
			b.	Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
			c.	Available to all individuals in the State.
			d.	Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
				(1) All aged individuals.
				(2) All blind individuals.
				(3) All disabled individuals.

JAN 87 Y.C.

**Provision not applicable to State

Approval Date

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Agency*	Citation(s)		Group	s Covered
		B. Optional (Continue		Other Than the Medically Needy
			(4)	Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
·	42 CFR 435.230		(5)	Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
			(6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
			(7)	Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
			(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.

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(9)

Individuals in additional classifications approved by the Secretary as follows:

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	State:	Kansas	OMB NO.: 0938-	
'Agency*	Citation(s)	Groups Covered		
		B. Optional Groups Other Than (Continued)	the Medically Needy	
		The supplement varies in in political subdivisions accordances.	ording to	
•		Yes.		
		No.		
		The standards for optional payments are listed in SuppatTACHMENT 2.6-A.		

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Supersedes Approval Date JAN. 2 7 1332
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Fifective Date 007 0 1 1991

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evision:	HCFA-PM-91 1991		(BPD)	ATTACHMENT 2.2-A Page 17 OMB NO.: 0938-
<u> </u>	State: _		Kansas	OMB NO.: 0938-
gency*	Citation(s)			Groups Covered
• •		в.	Optiona: (Continu	l Groups Other Than the Medically Needy ued)
435.12 1902(a)(10)		wit	ction 1902(f) States and SSI criteria States thout agreements under section 1616 or 1634 the Act.
(A)(ii)(XI) of the Act			a s opt tha	e following groups of individuals who receive State supplementary payment under an approved tional State supplementary payment program at meets the following conditions. The pplement is
			a.	Based on need and paid in cash on a regular basis.
			b.	Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
			c.	Available to all individuals in each classification and available on a Statewide basis.
				Paid to one or more of the classifications of individuals listed below:
1				(1) All aged individuals.
			· 	(2) All blind individuals.
				(3) All disabled individuals.

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Approval Date _

Effective Date __JAN 0 1 1992

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HCFA ID:

N No. MS-92-08 upersedes 'N No. MS-91-41

Revision:	HCFX-PH-91-4	

Revision:	AUGUST 1991	(B	PD)		ATTACHMENT 2.2-A Page 18 OMB NO.: 0938-
	State:	Ka	nsas		
Agency*	Citation(s)			G:	roups Covered
		в.		nal Gro inued)	oups Other Than the Medically Need
				(4)	Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
				(5)	Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
				(6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
			-	(7)	Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
·				(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
				(9)	Individuals in additional classifications approved by the Secretary as follows:

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B. Optional Groups Other Than the Medically (Continued) The supplement varies in income stands political subdivisions according to cost-of-living differences. — Yes — No The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.		ATTACHMENT 2 Page 18a OMB NO.: 09		(BPD) Kansa	HCFA-PM-91-4 AUGUST 1991 State:	Revision:
The supplement varies in income stands political subdivisions according to cost-of-living differences. Yes No The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.			Groups Covered		Citation(s)	Agency*
political subdivisions according to cost-of-living differences. Yes No The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.	v Need	the Medically	onal Groups Other Than	B. <u>Or</u> (C	-	
The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.	dard by	according to	olitical subdivisions			
The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.			Yes		•	
supplement 6 of ATTACHMENT 2.6-A.			No			
		are listed in	upplementary payments			
				•		
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	State:	Kansas
Agency*	Citation(s)	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
XIX	42 CFR 435.231 1902(a)(10) (A)(ii)(V) of the Act	Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins or the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.
		$\frac{\overline{X}}{}$ The State covers all individuals as described above.
		The State covers only the following group or groups of individuals:
	1902(a)(10)(A) (ii) and 1905(a) of the Act	Aged Blind Disabled Individuals under the age of 21 20 19 18 Caretaker relatives Pregnant women

TN No. MS-91-41 Supersedes TN No. MS-91-38

Approval Date

Effective Date OCT 0

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